DEPARTMENT OF MENTAL HEALTH
DEPARTMENT OF CORRECTIONS

APPLICATION TO SERVE AS A MENTALLY DISORDERED OFFENDER INDEPENDENT EVALUATOR FOR THE STATE BOARD OF PAROLE HEARINGS

I am interested in serving as an Independent Evaluator of Mentally Disordered Offenders for the State Board of Prison Terms. In making this application, I CERTIFY that:

1. I am a: ☐ Psychiatrist; or,
   ☐ Licensed Psychologist with a doctoral degree in Psychology
2. I have at least five (5) years of experience in the diagnosis and treatment of mental health disorders.
3. I am **NOT** a State Government or a Forensic Conditional Release Program employee.
4. I am willing to perform evaluations on parolee/patients in the following geographic locations:
   a. _____ d. _____
   b. _____ e. _____
   c. _____ f. _____
5. I am competent to perform psychiatric examinations in the following language(s) in addition to English:
   a. _____
   b. _____

In signing this application, I am aware that representatives of the State Board of Prison Terms will verify any representations I have made on this application and do declare under penalty that the statements made herein are true and correct.

Printed Name	License Number	Expiration Date

Business Street Address	City	State	Zip Code	***Email Address**

Office Telephone Number	Home Telephone Number Unlisted Yes ☐ No ☐
Signature	Date

Please mail or fax this application to:

Department of Mental Health
MDO Unit
1600 9th Street, Room 250
Sacramento, CA 95820

Fax number: (916) 654-2111

***** Email address **must** be complete in order to continue with the application process.